

**Chicago Department of Public Health  
Expansion of Substance Abuse Treatment Services  
Chicago, Illinois  
TI13608**

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**B&D ID**

60502

## **PROJECT DESCRIPTION**

**Expansion or Enhancement Grant**—Expansion

**Program Area Affiliation**—Homeless

**Congressional District and Congressperson**—Illinois 1, Bobby Rush; 2, Jesse L. Jackson, Jr.; 7, Danny K. Davis

**Public Health Region**—V

**Purpose, Goals, and Objectives**—The Chicago Department of Public Health (CDPH) proposes to expand the capacity of its health system to meet the needs of homeless individuals in Chicago with substance abuse issues. The proposed services expand a project that has been in operation for a year, which targets men at one of the Lakefront SRO facilities. The expansion will target men at that same facility as well as both men and women at two additional Lakefront SRO facilities. One of the two additional facilities will also include women and children. (page 2) The purpose of this program is to provide substance abuse services to residents of supportive housing apartments. The following are goals and objectives:

Goal 1: Provide gender-responsive and culturally appropriate outpatient and intensive outpatient (OP/IOP) substance abuse treatment services to adult male and female residents of Lakefront SRO Holland and Belray Apartments and adult female residents of the Lakefront SRO South Loop Apartments who have been diagnosed as in need of this level of care.

Objective 1.1: Maintain static and annual dynamic capacities for the OP/IOP treatment services at the following levels: static capacity of 75 and dynamic capacity of 450

Objective 1.2: Maintain an average daily utilization rate of at least 90 percent for the OP/IOP treatment services.

Objective 1.3: Maintain a rate of 75 percent treatment completion among clients admitted to the OP/IOP treatment services at the Lakefront SRO sites.

Goal 2: Enhance opportunities for recovery among residents of the Holland, South Loop, and Belray Apartments through case management services.

Objective 2.1: Annually provide case management services to a minimum of 90 percent of the clients identified as having recovery issues

Objective 2.2: Develop continuing care/case management plans that are responsive to individual needs for clients admitted to the program

Objective 2.3: Annually provide linkage to supportive services to a minimum of 90 percent of the residents in the program who need them

Objective 2.4: Develop vocational plans that are responsive to individual needs for clients admitted to the program.

Goal 3: Assess the impressions and impacts of the substance abuse treatment services among clients involved in the program

Objective 3.1: Document patterns of positive client ratings and program areas that are in need of improvement regarding the program

Objective 3.2: Document evidence that client impressions and comments have been considered in the design and delivery of the TCE substance abuse and case management services provided by Cornell Interventions and Lakefront SRO.

Objective 3.3: During the first funding year conduct follow-up interviews with at least 70 percent of admitted clients at 6 months post-admission and at least 60 percent of admitted clients at 12 months post-admission to the TCE substance abuse treatment services

Objective 3.4: Document statistically significant improvements among clients across the range of personal, interpersonal, and societal levels of functioning represented in the evaluation tool administered at admission and 3- and 6-month post-admission follow-up

(page 9)

**Target Population**—The target population is residents of three Lakefront SRO supportive housing apartment buildings who require outpatient or intensive outpatient substance abuse services and case management to maintain a life in recovery. The target population for this expansion project includes the single residents at Lakefront’s Holland (73), South Loop (207), and Belray (73) apartments, as well as the families (8) at the Holland Apartments. Sixty-seven percent of Lakefront’s tenants are men. In general, the homeless population includes people who often struggle with substance abuse, mental illness, illiteracy, domestic violence, and unemployment. (page 8)

**Geographic Service Area**—The site of the current project the grant is proposing to expand is the South Loop Apartments, located in the near south side community of Chicago. In addition, the grant proposes to expand services to the Lakefront SRO Holland Apartments, located in the Roseland neighborhood on Chicago’s far south side and the Belray Apartments on the north side. (page 7)

**Drugs Addressed**—Specific drugs addressed are not listed in the grant application.

**Theoretical Model**—The project has been conducting agency-wide training to incorporate a cognitive behavioral approach into the traditional models. The model of treatment remains true to the traditions of demanding responsibility for one’s actions and fostering self-awareness and the concept of growth as essential to living a drug-free life. (page 12)

**Type of Applicant**—Municipal

## **SERVICE PROVIDER STRUCTURE**

**Service Organizational Structure**—The Chicago Department of Public Health’s funded treatment provider Cornell Interventions teamed with Lakefront SRO to design a strong program of expanded treatment, case management, and transitional housing that makes use of both organizations’ strengths. (page 2)

**Service Providers**—The substance abuse provider is Cornell Interventions and the housing provider is Lakefront SRO. Clients assessed as requiring residential treatment will be referred to one of the Cornell Interventions adult men’s or adult women’s residential programs in the Englewood community. (page 12)

**Services Provided**—Services provided include case management, outreach, identification, early intervention, screening/assessment, treatment planning, and intensive and outpatient substance abuse treatment. Substance abuse services may also include referral to detoxification or residential care for Lakefront residents who will then return to their Lakefront apartments. (page 2)

**Service Setting**—Services provided are on site at three Lakefront SRO facilities. (page 2)

**Number of Persons Served**—The target population for this expansion project includes the single residents at Lakefront’s Holland (73), South Loop (207), and Belray (73) apartments, as well as the families (8) at the Holland apartments. (page 8)

**Desired Project Outputs**—The Chicago health department project is a model of satellite outreach and outpatient services based at supportive housing sites designed to meet the needs of a target population of men and women who are stepping down from residential treatment and would otherwise be homeless. (page 15)

**Consumer Involvement**—Both of the treatment providers for this grant are deeply involved in their communities and in a network of supportive services. In Chicago, the community-based response to substance abuse problems consists of a network of over 60 publicly funded providers in every area of the city. Every Cornell Interventions facility has linkage agreements with other substance abuse treatment providers, local hospitals, mental health centers, and other service providers. Lakefront SRO also consistently works with local social service providers, churches, and other groups that serve homeless families and single adults. (page 16)

## **EVALUATION**

**Strategy and Design**—Cornell Interventions will subcontract with IOTA, Inc. to perform the project’s evaluation, under the direction of Richard E. Sherman, PhD. An IOTA evaluation associate will assist in the data collection, processing, analysis, and reporting activities. (page 17)

**Evaluation Goals/Desired Results**—The goal is to assess the project’s responsiveness to the CSAT TCE initiative to address gaps in treatment capacity by supporting rapid and strategic responses to demands for substance abuse treatment services in communities with serious emerging drug problems as well as communities with innovative solutions to unmet needs.

**Evaluation Questions and Variables**—The process stage of the proposed evaluation is designed to address the following questions related to treatment service implementation, delivery, and efficiency: Is the project implemented as intended? What factors or influences served to facilitate or impede project implementation activities? Are treatment, case management, and activities services delivered as designed, especially in regard to resource utilization? What changes to project operational functioning can be made on the basis of process evaluation findings?

The project outcome evaluation questions focus on a range of outcomes among clients who are admitted to the expanded Level I and Level II substance abuse treatment services provided by Cornell Interventions and the case management and residential services provided by Lakefront SRO. The outcome evaluation will focus on: numbers and characteristics of admitted clients, impacts of treatment, case management and referral services provided to clients, the indicated effectiveness of these services, and health, behavioral, and life-functioning changes among admitted clients. Outcome evaluation questions include the following: What are the characteristics of the clients who are referred and admitted to treatment through the project? To what extent did the project achieve its capacity expansion quantitative objectives for client identification, admission, and service delivery? What behavior and functioning changes are evident among the clients who receive treatment through the project? What are the impacts of

case management and ancillary service referrals on client outcomes? What are stakeholder group perceptions of this CDPH treatment capacity project? What changes to project operational functioning can be made on the basis of outcome evaluation findings? (pages 17, 18, 19)

**Instruments and Data Management**—Instruments include the American Society of Addiction Medicine (ASAM) and the Government Performance and Results Act (GPRA) tools. Data management will be performed by IOTA, Inc., under the direction of Richard Sherman, PhD.